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ANNUAL REPORT

OF THE

Medical Officer of Health
for the Year
1942

BY

JOHN REID GRAHAM, M.B., Ch.B., D.P.H.
Medical Officer of Health.

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RURAL DISTRICT COUNCILLORS

31st December, 1942.

ATTENBOROUGH, J., Wessington.
BALLANCE, F., Beighton.
BARRS, Alfred Josiah, Heath.
BIRDS, J., Brook Lynn, Holymoorside.
BECKETT, Alfred, Ridgeway Ward, Eckington.
BRADLEY, Frederick (Senior), Stretton.
BRIERLEY, James, Shirland & Higham Ward.
CLEMENTS, John William, J.P., North Wingfield.
COOK, L., 18, John Street, Eckington.
FENSOME, Sidney Thomas, J.P., Pilsley.
GASCOYNE, P., The Croft, North Wingfield.
GOODLAD, John, Barlow.
HADLEY, G., J.P., Stonebroom.
HARDY, William George, Wingerworth.
HARGREAVES, A., Vernon Rise, Grassmoor.
HOLMES, J. T., Brimington.
KAY, Robert, Holmesfield.
KENNING, C. B., Mrs., J.P., C.C., Ashover.
LAMB, Thomas, Somerset House, Calow.
LATHAM, William Leeke, Revd., Morton.
MARSHALL, H., Sheffield Road, Killamarsh.
MAW, H. A., 24, Fox Lane, Frecheville.
PEAT, Edwin, J.P., C.A., Mosborough Ward, Eckington.
PHIPPS, H., J.P., C.C., Glenroyd, Brimington.
PIKE, R. G., 99, Thornbridge Drive, Frecheville.
RIGGOTT, G. A., Over Newbold, Brampton Ward.
RANKIN, A. H. (Dr.), Main Road, Renishaw.
SALES, Samuel, Tupton.
SHARMAN, Walter, Unstone.
STATON, James, J.P., C.C., Beighton.
STIRLING, William, Temple Normanton.
SWINDELL, Joseph, Killamarsh.
TURBUTT, Richard Babington (Colonel), J.P., Brackenfield.
WHITMORE, Thomas, Hasland.
WOODBINE, Wilfred Walter, Sutton-cum-Duckmanton.

PUBLIC HEALTH STAFF.

Medical Officer of Health :

JOHN R. GRAHAM, M.B., Ch.B. (St. And.), D.P.H. (St. And.).

Senior Sanitary Inspectors :

T. W. BINNS, Cert. S.I., Cert. Meat Inspector.

F. WATERFALL, Cert. S.I., Cert. Meat Inspector.

Sanitary Inspectors :

T. F. AYRTON, Cert. S.I., Cert. Meat Inspector (Resigned 31st August, 1942).

W. E. BOLTON, Cert. S.I., Cert. Meat Inspector.

H. CORMACK, Cert. S.I., Cert. Meat Inspector (Resigned 31st March, 1942).

V. C. QUIN, Cert. S.I., Cert. Meat Inspector (Appointed 1st December, 1942).

Clerks :

Mrs. D. BALL.

Mrs. J. CURRY. (Resigned 31st August, 1942).

Miss M. THICKETT. (Appointed 24th August, 1942).

Mrs. A. CLARKE. (Appointed 21st October, 1942).

H. WATTS.

ANNUAL REPORT.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I present herewith my Annual Report for the year 1942.

The vital statistics are indeed excellent. In fact they are the best of any year of which I have records. The death rate of 9.65 per 1,000 living is .35 per 1000 less than the previous best figure of 10 per 1000 recorded in 1924.

The infantile mortality figures show a very marked drop from the previous year. In 1942 the rate is 30.9 per 1000 live births as compared with 46 per 1000 the previous year, this figure is the lowest on record. The comparison with England and Wales, 126 County Boroughs, 148 Smaller Towns and London County is given on Table 6 and is worth study. Table 5 in the body of the Report gives the Birth, Death and Infantile Mortality rates over the past 10 years. The figures speak for themselves.

The general health of the area has been good in this third year of war. In fact the health of the school children has been excellent.

One notable addition to the health facilities open to the public during the year is the setting up of a cleansing station. Fuller details are given in the body of the report.

I am,
Your obedient Servant,
JOHN R. GRAHAM,
Medical Officer of Health.

Health Offices,
Rural Council House,
Saltergate,
Chesterfield.

STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

Birth Rate.

18.97 per 1,000 of the estimated resident population.

Death Rate.

9.65 per 1,000 of the estimated resident population.

Deaths from Puerperal Causes.

	Deaths.
No. 29 Puerperal Sepsis	None
No. 30 Other Puerperal Causes	3

Death Rate of Infants under one year of age.

All Infants per 1,000 Live Births	30.9
Legitimate Infants per 1,000 Legitimate Live Births	28.88
Illegitimate Infants per 1,000 Illegitimate Live Births	50.00
Deaths from Measles (all ages)	None
Deaths from Whooping Cough (all ages)	None
Deaths from Diarrhoea (under 2 years of age)	None

SOCIAL CONDITIONS.

The housing problem is becoming more and more acute. The position at moment of writing is that 816 houses are in confirmed clearance areas, 29 are subject to demolition orders as unfit houses, 7 are subject of closing orders, 18 houses have been allowed to remain on an undertaking being given that they will not be used for human habitation, a total of 870 houses, which subject to certain exceptions cannot be re-occupied if the tenancy in force at the time of making the order expires ; and for those tenants no re-housing is available.

A further 213 houses have been the subject of public enquiries, but no decision has been reached by the Minister ; in addition, 190 houses were included in the original programme in respect of which no statutory action has been taken. This figure of 190 will be increased by a further 200-300 houses before the programme will be complete.

The whole problem of building can be considered as a national one ; but the immediate and pressing problem which faces this Council is the position of 870 houses mentioned in the first paragraph. As I mentioned, houses once vacated by the tenant in possession cannot be re-let by the landlord except in the case of agricultural workers. A local authority may also requisition such empty properties subject to certain safeguards being taken and re-let to official evacuees, and this in fact has been done in this district.

The Housing Agent of the Council informs me that the housing registers have been closed since 1941, and at the date of closure there were 1,565 applications for council houses on the register, 40% being urgent. Urgent cases are those in which the family is in rooms or living under bad overcrowded conditions. Bearing these figures in mind it is easy to imagine the great demand for any sort of accommodation. This being so, tenants are eager to occupy such houses when they become vacant, and in many cases the landlord has broken the law and allowed them to do so.

While many of the houses definitely should not be re-let, some are in a condition which offer a tenant an improvement on his present conditions. This being so it would benefit the community if the Ministry of Health, *with proper safeguards*, gave power to responsible local authorities, to requisition and re-let condemned property to families in urgent need of accommodation ; irrespective of whether they are evacuees or not.

One realizes of course, that those powers would need to be very carefully used, but surely after all the responsibilities that have been thrust upon local authorities during war-time, they could be trusted to use such powers with the utmost discretion.

Forward looking Councils are now planning for post-war housing schemes, and the impressions one gets is that most new schemes will result in a new village coming into being. In planning, I consider that Councils should provide the following in connection with a scheme of any size :—

1. A community centre and incorporated with it accommodation for an infant welfare centre, etc. Such accommodation could be used for other public health purposes such as immunisation, etc. I feel that if people in these new villages had a common meeting place it would have a great effect in stimulating interest in local government and in their own village affairs.

2. A central heating plant and along with it a public wash-house. One need not elaborate on the discomfort to put it mildly of a house where a big wash has to be dried on a wet day. A public wash-house would obviate all this as well as lightening the labour of the house-wife.

HOUSING.

It also would be an advantage if throughout the new housing estates a small number of vermin-proof houses were erected. The past experience of the housing department with placing tenants from old unfit properties into new houses has been most encouraging. The majority respond well to the improved environment. There is, however, a minority of incorrigable families. This fact is borne out by the experience of the Health Visitors.

In head inspections in school the same families are found time after time to be infested. We have now a cleansing station which can deal with this type and temporarily clean them up, but this is only a palliative measure, not a cure. The radical cure must be in the home. Such homes should be under strict supervision and more powers should be sought to enforce cleanliness. This may seem on first thoughts to be interfering with the liberty of the individual. I look on such families, however, as being just as anti-social as a thief. A thief takes something material which does not belong to him or her, and if persistent in this line of conduct ends up in jail. The dirty family steal health and comfort from their neighbours ; their children are a menace to the health and well-being of their school mates, and it is from this angle that such families should be regarded.

Mr. Dore, the Housing Agent, has let me have a resume of his experiences of rehousing in the district, and his ideas as to the best methods of dealing with such families.

Mr. F. H. Dore, F.A.L.P.A., F.Inst. Housing, Estate Agent, has submitted the following :

" AFTER CARE."

In dealing with the rehousing of families, there is a definite need for the after-care of tenants. This cannot, of course, be determined by formula, the degree of need varying from estate to estate and from family to family. In one case, all that may be needed is a call after the family have been given the time to settle down, or a kindly enquiry in time of sickness, whilst in another case, it may be an occasion for taking disciplinary action.

Firm handling, introducing an element of compulsion, is sometimes necessary, for the family must not be allowed to wilfully break the conditions of tenancy nor disturb or annoy other tenants in the peaceful enjoyment of the amenities which have been provided.

Of the 1,683 dwellings which the Council have so far erected, I am in a position to state that about 85 per cent. are of a good standard, about 10 per cent. are rather less clean and careless in their domestic habits, whilst only about 5 per cent. require almost continuous supervision in one way or another. Further, some check is necessary to prevent (a) continued occupation of a house which, with the passing of time becomes too large after the children have left home, (b) sub-letting surplus accommodation without first securing the necessary permission to do so, and (c) any excess rent charge for occupation of "rooms" to under-tenants. For these latter reasons, it would be wise to maintain contact with the "good standard" tenant, by occasional visits.

There is, therefore, always a small minority of tenants who must be kept under constant supervision to prevent detrioration in standard, those of the sub-normal type, who lack the will or mental capacity to help themselves ; the hesitant and the maim of society with a train of misfortune not always of their own making. To judge them by ordinary standards would be unfair ; to leave them to their own devices would be unwise. They constitute a permanent charge upon Local Authority and must be cared for in the hope that efforts made in assisting the older generation will not be wasted on the children.

To deal specially with this particular class of tenant, I advocate the erection of a small number of suitable vermin proof dwellings in the district, in which this family-type should be accommodated ; houses planned and designed so that they could also be used for the purpose of filtering through families on the probation system.

SEWERAGE AND SEWAGE DISPOSAL.

The following are brief particulars of works of sewerage and sewage disposal carried out during the year, and have been supplied by Mr. J. B. Wikeley, M.Eng., A.M.Inst. C.E.

During the year only the most urgent repairs have been done to sewers and sewage disposal works ; the largest of these repairs being the re-laying of a length of 330 yards of Ringwood Road sewer at Brimington, and repairs of leaks in the tanks at Killamarsh Sewage Works. A few properties at Mosborough Moor have been disconnected from an old stone drain, and connected to the foul sewer, and thereby converting the stone drain to a surface water drain. No extensions to sewers have been made during the year. A storm water tank is now in the course of construction at Calow Sewage Works.

HOUSING.

1. Inspection of Dwelling-houses during the year 1942 :—	
(1) (a) Total number of dwelling-houses inspected for Housing defects (under Public Health or Housing Acts)	216
(b) Number of inspections made for the purpose	436
(2) (a) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 and 1932	—
(b) Number of inspections made for the purpose	—
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	—
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	121
2. Remedy of defects during the year without service of formal notices :—	
Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers	348
3. Action under Statutory Powers during the year :—	
(a) Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936 :—	
(1) Number of dwelling-houses in respect of which notices were served requiring repairs	21
(2) Number of dwelling-houses which were rendered fit after service of formal notices :—	
(a) By Owners	12
(b) By Local Authority in default of Owners	—
(b) Proceedings under Public Health Acts :	
(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	189
(2) Number of dwelling-houses in which defects were remedied after service of formal notices :	
(a) By Owners	137
(b) By Local Authority in default of Owners	—

(c) Proceedings under Sections 11 and 13 of the Housing Act, 1936 :—

(1) Number of dwelling-houses in respect of which Demolition Orders were made .. .. —

(2) Number of dwelling-houses demolished in pursuance of Demolition Order .... —

(d) Proceedings under Section 12 of the Housing Act, 1936 :—

(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made . . . . —

(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit..... .. .. —

4. Housing Act, 1936, Part IV.—Overcrowding.

(a) (1) Number of dwellings overcrowded at the end of the year 295

(2) Number of persons dwelling therein 2,065

(3) Number of families dwelling therein 392

(b) Number of new cases of overcrowding reported during the year 22

(c) (1) Number of cases of overcrowding relieved during the year 2

(2) Number of persons concerned in such cases 14

(d) Particulars of any cases in which dwelling-houses have again become overcrowded after the Local Authority have taken steps for the abatement of overcrowding .. .. —

5. Number of houses demolished in Clearance Areas, 1942.... —

TABLE I.

CLOSET ACCOMMODATION.

	No. in use at end of 1942.
Privy Middens	3,904
Pail Closets	717
Water Closets	15,521
Trough and Slop Water Closets	47
	20,189

CONVERSIONS OF WATER CLOSETS IN 1942.

Privy Middens	30
Pail Closets	—
Total	30

The following quantities of unsound foodstuffs have been surrendered and destroyed during the year.

	Tins.
Milk	112
Beans	19
Peas	17
Tomatoes	29
Carrots	4
Mixed Vegetables	6
Fruit Salad	1
Pineapple	12
Oranges	14
Pears	5
Crawfish	1
Salmon	3
Pilchards	6
Herrings	3
Steak	2
Turkey	1
Beef Gelantine	1
Marmalade	1 (2 lbs.)
Total	237

	Lbs.
Pork Sausage Meat	16½
Luncheon Meat	90
Corned Beef	6
Luncheon Tongue	8
Chopped Ham	17
Beef Sausage	81
Cheese	85½
Margarine	8
Butter	2⅞
Lard	7½
Bacon	5
Prunes	25
Fish Cake	3
Frozen Cod	15
Herrings	30
Total	400⅜

BACTERIOLOGICAL EXAMINATIONS, 1942.

Table showing the number of specimens sent from the Rural District, and examined at the County Laboratory, Derby.

	Pos.	Neg.
Enterica :—		
Typhoid, Para-Typhoid A. & B.	—	4
Gaertner, Dysentery, etc.	—	4
Diphtheria	6	125
Phthisis	10	88
Milk :—		
T.B. Inoculation, Sent from Ministry of Agriculture	5	41
T.B. Inoculation Routine Samples	—	—
Methylene Blue Test	1	5
Bacillus Coli	2	4
Miscellaneous	21	89
	45	360

TABLE 2.

OPHTHALMIA NEONATORIUM.

CASES.			Vision Un-Impaired.	Vision Impaired.	Total Blindness.	Deaths.
	Treated.					
Notified	At home.	In Hospital				
9	9	—	9	—	—	—

TABLE 3.

INFECTIOUS DISEASES.

Disease.	Total Number Notified.	Cases Admitted to Hospital	Total Deaths.
Smallpox	—	—	—
Scarlet Fever	232	196	—
Diphtheria	82	82	3
Enteric Fever	1	1	—
Puerperal Fever Puerperal Pyrexia	11	7	—
Cerebro- Spinal Fever	18	17	1
Pneumonia	137	—	31
Erysipelas	29	—	—
Polio-myelitis	—	—	—
Ophthalmia Neonatorium	9	—	—
Encephalitis Lethargica	—	—	—
Undulant Fever	—	—	—
Measles	300	—	—
Whooping Cough	124	—	—

PREVALENCE AND CONTROL OF INFECTIOUS DISEASE.

Scarlet Fever.

232 cases were notified. The disease was of a mild type. No deaths were recorded and there were few complications.

Diphtheria.

82 cases were notified and three deaths were due to this disease. This is the lowest number of notifications since 1922 when 80 cases were notified. The graph enclosed shows the number of cases notified yearly since 1922. While the populations under review are not strictly comparable owing to the changes under the Local Government Act, 1929, the graph gives a fair indication of the incidence of the two common infectious diseases over the past twenty years.

Cerebro-spinal Fever.

The number of notifications showed a gratifying drop. 17 cases were notified as compared with 33 the previous year, and 78 in 1940. One death was due to this disease, giving a case mortality of 5.8 per cent. This is the lowest case mortality recorded in the district for this disease and is a great advance on the 30%, 40% recorded in the pre-sulphamlamide days.

Measles.

300 cases were notified, there were no deaths from this disease. The figures for 1941 were: notification 618, deaths 3.

Whooping Cough.

124 notifications were received, no deaths were recorded. The previous year there were 542 notifications with one death.

Enteric Fever.

One case was notified, this patient recovered.

Diphtheria Immunisation.

The work of immunisation proceeded steadily throughout the year. 1908 children completed a course of treatment during the year.

SCABIES ORDER, 1941.

A joint meeting of representatives from Clay Cross, Dronfield and Staveley Urban District Councils and Chesterfield and Clowne Rural District Councils held on 21st March, 1942, decided to act jointly in the provision of a cleansing station under the Scabies Order, 1941, and the Chesterfield Rural District Council were requested to undertake the administration of such a station.

An empty shop and house belonging to the Staveley Coal and Iron Co., which had been earmarked, was leased, as the erection of a new building was not possible. Although materials were difficult to obtain, thanks to the willing co-operation of Mr. Levick, the Manager of the Staveley Co. Cottage Department, and Mr. McGaw, the Surveyor of the Staveley Urban District Council, the adaption and decorations were completed by August, and the Centre was open to receive patients on August 13th, 1942. I take this opportunity of thanking the two gentlemen mentioned for their assistance.

Enclosed with this report is a paper on the routine treatment of scabies carried out at the Centre.

It is interesting to note, in view of the method described in the paper, the report which I gave to the Committee in January of 1942. In it the provision of means of disinfecting clothing and bedding was set out as being necessary. Dr. Mellanby's research subsequent to that date however clearly indicated that such articles played a minor part in the spread of scabies, and therefore, it was decided to carry out the technique as described, and there is no doubt from the results that the decision made has been amply justified. The important thing is to get whole households in which there has been a case to attend for treatment.

The table below shows the number of cases treated from 13th August to 31st December, 1942.

TABLE 4.

Scabies.	Adults.	5-15 yrs.	Under 5 yrs.	Total.
Chesterfield R.D.C.	202	231	105	538
Clay Cross U.D.C.	12	22	6	40
Clowne R.D.C.	89	98	25	212
Dronfield U.D.C.	17	13	5	35
Staveley U.D.C.	71	65	19	155
Totals	391	429	160	980
Head Lice.				
Chesterfield R.D.C.	6 (5)	25 (19)	7 (5)	38 (29)
Clay Cross U.D.C.	—	—	—	—
Clowne R.D.C.	1	3 (2)	—	4 (2)
Dronfield U.D.C.	1 (1)	2 (2)	1 (1)	4 (4)
Staveley U.D.C.	—	4 (3)	2 (2)	6 (5)
Totals	8 (6)	34 (26)	10 (8)	52 (40)

Scabies with Verminous Heads.

	Adults	5—15 yrs.	Under 5 yrs.	Total
Chesterfield R.D.C.	9 (6)	78 (44)	17(13)	104 (63)
Clay Cross U.D.C.	2 (2)	13 (13)	1	16 (15)
Clowne R.D.C.	4 (2)	40 (25)	3 (3)	47 (30)
Dronfield U.D.C.	—	3 (3)	—	3 (3)
Staveley U.D.C.	—	—	—	—
Totals ..	16(10)	157 (98)	23(18)	196(126)

Total patients treated 1032

Figures in brackets refer to live lice being found.

TABLE 5.

TABLE SHOWING BIRTH, DEATH RATES AND INFANT MORTALITY FOR THE LAST TEN YEARS.

Year.	Birth Rate per 1000 Living.	Death Rate per 1000 Living.	Infant Death Rate per 1000 live births.
1942	18.97	9.65	30.9
1941	18.58	10.96	46
1940	16.85	11.63	46.97
1939	19.11	10.76	47.2
1938	17.37	10.58	42.55
1937	14.59	10.89	60.28
1936	14.49	11.53	88.68
1935	14.65	11.82	62.62
1934	16.17	12.46	59.75
1933	16.14	10.99	74.54
1932	16.86	11.68	98.9

TABLE 6.

BIRTH RATES, CIVILIAN DEATH-RATES, ANALYSIS OF MORTALITY, MATERNAL MORTALITY AND CASE RATES FOR CERTAIN INFECTIOUS DISEASES IN THE YEAR 1942. PROVISIONAL FIGURES BASED ON WEEKLY AND QUARTERLY RETURNS.

	England and Wales	126 County Boro's and Great Towns including London	148 Smaller Towns (Resident Populations 25,000 to 50,000 at 1931 Census)	London Administrative County	Chesterfield R.D.C.
	Rates per 1,000 Civilian Population				
Births—					
Live	15.8	17.3	18.4	14.0	**18.97**
Still	0.54	0.66	0.62	0.48	**.52**
Deaths—					
All Causes	11.6	13.3	12.1	13.9	**9.65**
Typhoid and Paratyphoid	0.00	0.00	0.00	0.00	**0.00**
Scarlet Fever	0.00	0.00	0.00	0.00	**0.00**
Whooping Cough	0.02	0.03	0.02	0.04	**0.00**
Diphtheria	0.05	0.06	0.04	0.02	**0.04**
Influenza	0.09	0.09	0.10	0.07	**0.04**
Smallpox	—	—	—	—	—
Measles	0.01	0.02	0.01	0.01	**0.00**
Notifications—					
Typhoid Fever	0.01	0.01	0.01	0.02	**0.01**
Paratyphoid Fever	0.01	0.01	0.01	0.01	—
Cerebro-Spinal Fever	0.14	0.17	0.12	0.15	**0.25**
Scarlet Fever	2.19	2.49	2.34	1.86	**3.35**
Whooping Cough	1.73	1.97	1.58	2.72	**1.68**
Diphtheria	1.05	1.35	0.91	0.76	**1.64**
Erysipelas	0.30	0.36	0.26	0.43	**0.32**
Smallpox	00.0	0.00	—	0.00	—
Measles	7.46	9.27	7.39	8.62	**2.91**
Pneumonia	1.07	1.30	0.94	0.94	**1.96**
	Rates per 1,000 Live Births.				
Deaths under 1 year of age	49	59	46	60	31
Deaths from Diarrhoea and Enteritis under 2 yrs. of age	5.2	7.5	4.8	8.6	—
	Rates per 1,000 Total Births (Live and Still).				
Maternal Mortality (Excluding Abortion)					
Puerperal Infection (No. 147)	0.42	Not Available			—
Others	1.59				**2.27**
Total	2.01				**2.27**
Notifications—					
Puerperal Fever	12.6	15.94	10.80	3.10	**8.24**
Puerperal Pyrexia				17.69	

TABLE 7.

SANITARY ADMINISTRATION.

	No. on Register.	Inspections made.	Notices Served.	Nuisances abated with or without notice.
Dairies, Cowsheds and Milkshops	665	485	3	152
Bakehouses	19	12	4	2
*Slaughter-houses ..	41	54	4	—
Offensive Trades ..	1	—	—	—
Common Lodging Houses	1	3	—	—
TOTAL ..	727	554	11	154

* None in use, only 2 knackers premises.

TABLE 8.

SANITARY ADMINISTRATION.

Summary of the Work of the Sanitary Department.

	No. of inspections made by Sanitary Inspector.	No. of Notices Served.		No. of Nuisances abated with or without notice.
		Informal.	Legal.	
Closets and Ashpits—				
Defective Privies, Pail Closets and Ashpits (not for conversion)	101	83	7	47
Conversion of Privies into W.C.'s	146	2	—	30
Conversion of Pail Closets into W.C.'s	15	—	—	—
Cesspools (Cleansing)	24	10	—	8
Defective Water Closets	108	29	—	34
Provision of additional W.C.'s	79	—	—	10
Provision of Portable Ashbins	162	149	6	168
Dirty Closets	37	—	—	—
Drainage—				
No disconnection of waste pipe	—	—	—	—
Defective waste pipe, Traps, Inlets & Drains	280	112	16	82
Drains obstructed	90	102	5	120
Other Defects—				
Paving of Courts and Yards	123	39	—	16
Roofs, Eaves-Spouts and Downspouts	224	87	12	103
Sinks	39	33	7	15
Insufficient Ventilation	8	4	—	4
Windows	22	7	1	13
Dampness	22	42	9	24
Water in Cellars	21	—	—	—
Water Supply	87	30	1	19
Overcrowding	11	5	—	2
Foul Condition of Houses	21	2	—	1
Offensive Accumulations	42	5	—	28
Animals improperly kept	11	—	—	1
Pigsties	5	—	—	—
Smoke Nuisances	2	4	—	1
Urinals	14	—	—	2
Nuisances not specified above	1393	228	34	150
TOTAL	3087	973	98	878

No. of visits to Infectious Disease cases, 373.

TABLE 9.

FACTORIES, WORKSHOPS AND WORKPLACES

Inspections of Factories, Workshops and Workplaces.

Including Inspections made by Sanitary Inspectors or Inspectors of Nuisances.

Premises. (1)	Number of Inspections (2)	Written Notices. (3)	Occupiers prosecuted (4)
Factories .. .. (including Factory Laundries)	18	—	—
Workshops .. .. (Including Workshop Laundries)	—	—	—
Workplaces .. .. (Other than Outworkers' premises)	17	—	—
TOTAL	35	—	—

OUTWORK IN UNWHOLESOME PREMISES, SECTION 108

Net repairing	1

RATS AND MICE (DESTRUCTION) ACT

36 visits have been made in connection with rat infestation and approximately 680 rats have been destroyed.

Cyanogas, Rodine and Red Squill baits are used for rat destruction and refuse tips are treated with these poisons from time to time.

PETROLEUM ACTS.

There are 121 petroleum stores and 6 calcium of carbide stores in the district. These have been visited and found to be satisfactory.

The income derived from the issue of these licences is £82/0/10, and the maximum storage capacity is 195,944 gallons of petroleum and 4,096 lbs. of carbide.

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BY

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The decision to treat the patients with only one application of 20% benzyl benzoate emulsion and to ignore entirely the fomites was taken after consultations with Dr. K. Mellanby, and the reasons for arriving at the decision were: (1) it would afford a practical test of Dr. Mellanby's hypothesis that fomites play only a very minor part in the spread of scabies; (2) the one-treatment method would economize in staff and save many hours of patients' time; (3) if clothing and bedding could be ignored the use of an extra car and driver would be saved.

Reasons 2 and 3 are important in normal times, but in war such economy is vital.

The centre serves the urban districts of Clay Cross, Dronfield, and Staveley, and the rural districts of Chesterfield and Clowne; accommodation consists of waiting-room, examination-room, and two bathrooms. The area covered is some 150 square miles, and the population served is 120,000. The boundaries of the district are 10 to 17 miles distant from the centre as the crow flies, and in the period mentioned the ambulance used for bringing the patients has travelled 8,100 miles.

The building chosen for adaptation was an empty shop with house attached and a large garage. The shop and house had four rooms on the ground floor; these were converted into the two bathrooms, waiting-room, and examination-room; on the first floor a bedroom was converted into a store-room. A sitting-room and a bedroom were kept for the supervisor's use. The premises had a 24-hour supply of hot water from the central heating plant supplying the Poolsbrook housing estate of the Staveley Coal and Iron Co.

250/43

The water came through at boiling-point, so a thermostatic and a reducing valve were fitted to obviate any chance of scalding patients. Unfortunately it was not practicable to use this water for heating, so a domestic central heating plant was installed.

The following are the capital costs and maintenance expenses to Dec. 31, 1942.

Capital Expenditure

	£ s. d.	£ s. d.
Adaptation of buildings, decoration, painting, black-out, baths, furnishing, etc.	254 15 5	
Central heating plant	150 0 0	
Towels, overalls, etc.	67 12 3	
Purchase and adaptation of ambulance	327 16 0	
Other initial expenses (medical appliances, typewriter, and sundries)	30 15 7	
		830 19 3

Maintenanee Expenses

	£ s. d.	£ s. d.	£ s. d.
Rents, rates, hot-water supply (from June 1, 1942)		61 14 8	
Light, heat, and cleaning		14 10 5	
Telephone, printing, postages, stationery, advertising		22 6 10	
Ambulance running costs:			
Petrol	70 6 2		
Oil	1 7 0		
Insurance	3 1 0		
Repairs	14 9 11		
		89 4 1	
Medical supplies		17 6 5	
Wages, N.H., U.I., and super. contribs.		199 7 3	
Maintenance and repair of premises, etc.		11 6	
			£405 1 2

The staff employed are a male supervisor, trained at the Sorby Research Institute by Dr. Mellanby, and two female attendants, one of whom acts as driver.

Routine

Patients are notified direct to the centre by the local general practitioners, school medical officers, health visitors, etc. On receipt of the notification a postcard is sent to the home stating that the ambulance will call at a certain time for the patient and all members of the household. On arrival at the home the driver-attendant inquires into the family spread of the disease, and has been most successful in getting whole families to accompany her to the centre. In most instances the adult members, if they should be out working at the time of the visit, can be persuaded to make a subsequent attendance at the centre.

On arrival at the centre the patients go to the waiting-room until called for examination. The history is taken, the hands and wrists are examined by the supervisor, and if possible a live mite is extracted and identified under the microscope. The patient then goes to the bathroom, has a hot bath, dries, and is painted from neck to soles with a 20% benzyl benzoate emulsion (N.W.F.) by an attendant using a 2½-in. paintbrush and paying particular attention to such areas as the gluteal folds. The emulsion is allowed to dry—about 5 to 10 minutes; the patient dresses and goes home. An appointment is made for him to return in a week's time for examination.

At the re-examination a mite is extracted, if possible, and examined under the microscope to see if it is alive or dead. (Live mites become quite active on a heated slide.) Inquiries are made regarding any clinical symptoms, etc., and if the supervisor thinks it necessary another treatment is given. If complaint of dermatitis is made, this condition is treated. In a previously untreated case no dermatitis has been observed after treatment with benzyl benzoate, but dermatitis has occurred in a number of cases which had previously been treated with sulphur and other medicaments. In treatment of dermatitis ung. hydrarg. ammon. dil. has been quite successful. Patients are always instructed to return immediately there is any recurrence of symptoms. Secondary infection is treated by the application of 2% gentian violet, with excellent results.

When school children have no gross secondary infection they are instructed to return to school after treatment. If there is bad secondary infection they are told to remain off school, and if on re-examination the condition has cleared they may return to school. If the secondary infection has not improved, the parents are told to take the case to their own doctor. A note is sent to the head teacher notifying him or her if the child is fit to return to school.

Results

In the following table all percentages have been calculated on the assumption that the 109 contacts had no scabies.

Cases treated (active scabies and household contacts)	980	
Active scabies	871	
Relapses	8	(0.92%)
Gross No. of reinfections	20	(2.29%)
No. of reinfections where the whole family treated	10	(1.14%)
,, ,, ,, ,, ,, ,, ,, not treated ..	10	(1.14%)
Total reinfections and relapses	3.32%	

The possible causes of relapses and reinfection are: (1) contact with other cases of scabies; (2) reinfection from bedding or clothing; (3) failure of treatment. Reinfection from other cases is by far the most probable cause of relapses and reinfection.

Relapses are those cases which had symptoms persisting or had a live mite removed on re-examination. From an administrative point of view they are not important, as they are treated again. The rate of failure of one treatment with benzyl benzoate emulsion may be taken as 0.92%; two treatments would almost certainly eliminate those relapses. Incidentally, all the relapses were found to have been in contact with untreated cases. Reinfections are cases which return after a lapse of 6 to 8 weeks with recurrent symptoms. The 10 cases in which the whole family group was treated were made up of 3 families of 3, 3, and 4 persons each. They came from areas where scabies was very prevalent, and one family of 3 members came into close contact with untreated cases. If it could be assumed that this family were reinfected from another case of scabies this would bring the rate of reinfection in whole family groups treated to 0.8%.

Conclusions

One treatment with benzyl benzoate will cure over 99% of cases of scabies if efficiently applied. Disinfection of clothing and bedding is unnecessary. At the most the omission to disinfect will only give an increase of reinfection of just over 1%, assuming the whole family group treated were reinfected from fomites. In the case of the districts served by the Poolsbrook Centre it is estimated " no disinfection " will save £700 per annum in transport charges alone. Disinfection of clothing, etc., at the isolation hospital would probaby cost another £300. In time of war the use of man and woman work hours is entirely unjustified for any improvement that might accrue. Dermatitis has never occurred with one treatment of benzyl benzoate 20% emulsion in untreated cases. In many cases treated with sulphur, etc., before coming to the centre dermatitis has been observed. The success of the one treatment depends on having a skilled and competent staff.

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Oil	1	7	0						
Insurance	3	1	0						
Repairs	14	9	11	89	4	1			
Medical supplies				17	6	5			
Wages, N.H., U.I., and super. contribs.				199	7	3			
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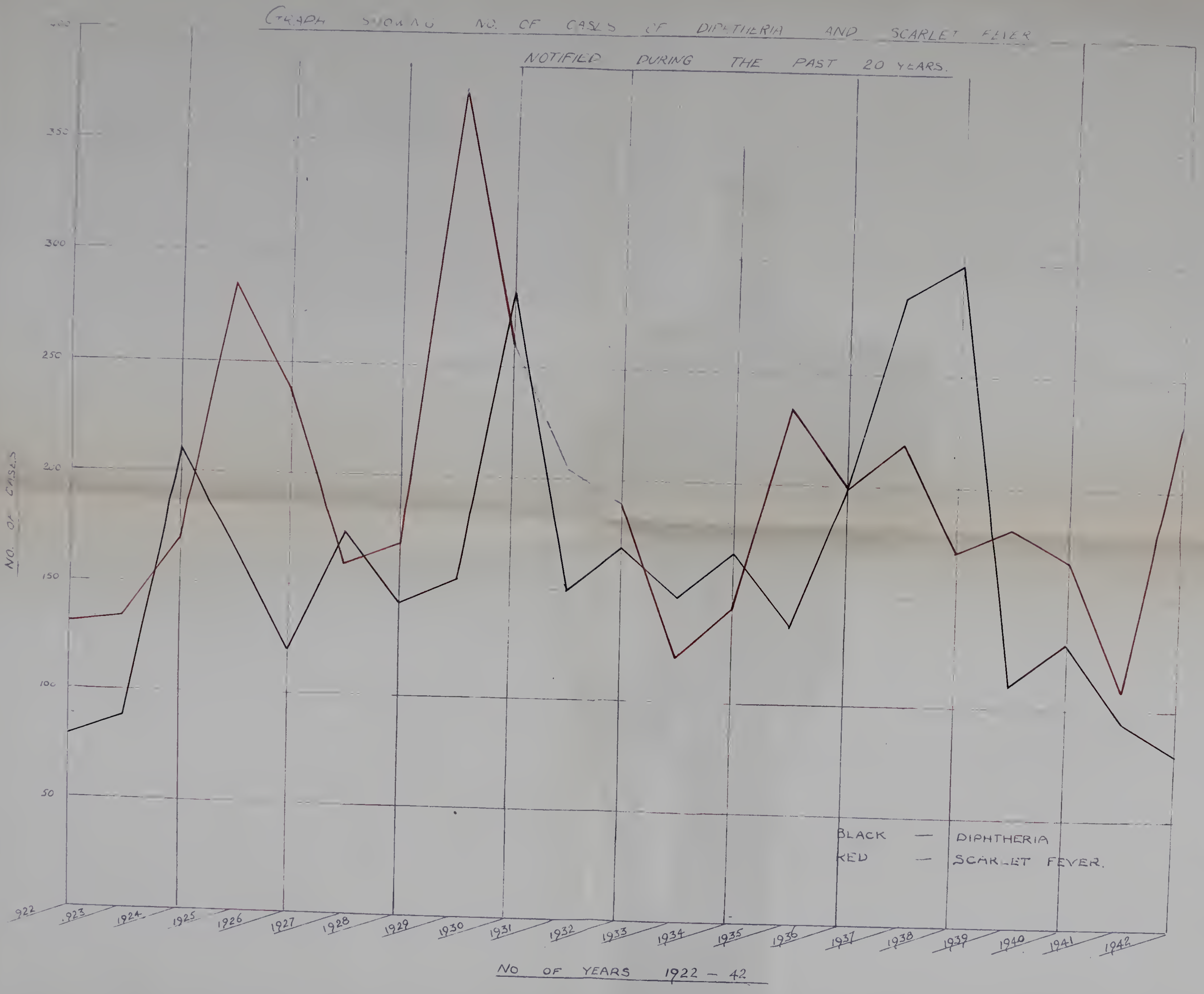

GRAPH SHOWING NO. OF CASES OF DIPTHERIA AND SCARLET FEVER NOTIFIED DURING THE PAST 20 YEARS.

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